

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>BA</i>		<i>OS-15-9</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>WJ</i>		<i>5/31/71</i>
<b>FORMALITY REVIEW</b>		<i>1000</i>	<i>6/1/71</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>6/1/71</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	<i>5/8</i>
Original	<i>5/15 1:30</i>
1	<i>5/15 1:30</i>
2	<i>5/15 1:30</i>
3	<i>5/15 1:30</i>
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If more than 150 claims or 10 actions  
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